



## Department of Public Safety and Correctional Services

### Maryland Commission on Correctional Standards

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THOMAS REECE  
CHAIRPERSON

VERONICA D. MOORE  
EXECUTIVE DIRECTOR

278<sup>th</sup> Commission (Virtual) Meeting

November 17, 2022

### Minutes

#### MEMBERS PRESENT:

Major Thomas D. Reece, Administrator Calvert County Detention Center,  
Chairperson

Terry Kokolis, Director, Talbot County Department of Corrections, Vice Chairperson  
Delores Alexander, Citizen Member

Beverly Hughes, Assistant Attorney General, representing Attorney General  
Brian E. Frosh

Nelson Reichart, Deputy Secretary, Department of General Services, Representing  
Secretary Ellington E. Churchill, Jr.

#### MEMBERS ABSENT:

Chizuko Godwin, Budget Analyst, Department of Budget and Management,  
Representing Secretary David R. Brinkley

Annie Harvey, Commissioner, Division of Corrections

Dionne Randolph, Commissioner, Division of Pretrial Detention Services

#### STAFF PRESENT:

Veronica Moore, Executive Director

Brian Raivel, Correctional Program Specialist

Officer Tareda Armwood-Faison

Felecia Ray, Auditor

LaDonna Newman, Management Associate

#### VIRTUAL GUESTS:

Warden Robert Dean, Jessup Correctional Institution

Security Chief Shanea Ross, Jessup Correctional Institution

Sergeant Shanee Jones, Jessup Correctional Institution

Officer Monica Plato, Jessup Correctional Institution

Acting Warden Tyrell A. Wilson, Sr., Maryland Reception, Diagnostic and  
Classification Center

Acting Assistant Warden Adeola Obaika, Maryland Reception, Diagnostic and  
Classification Center

Acting Security Chief Yevonicia Boyd, Maryland Reception, Diagnostic and  
Classification Center

Sergeant ChiQuana Murry, Maryland Reception, Diagnostic and Classification  
Center

Acting Warden Orlando Johnson, Patuxent Institution  
Mr. Kennard Judkin, Patuxent Institution  
Lieutenant Dontay Gaskins, Patuxent Institution  
Mr. Cornae Shields, Patuxent Institution  
Mr. Ian Simmons, Patuxent Institution  
Warden Ronald Weber, Western Correctional Institution  
Assistant Warden Bradley Butler, Western Correctional Institution  
Lieutenant W. Thomas, Western Correctional Institution  
Sergeant F. Benson, Western Correctional Institution  
Assistant Warden Paige Jones, Baltimore Central Booking and Intake Center  
Major Tennille Johnson, Baltimore Central Booking and Intake Center  
Ms. Nicole Hicks, Baltimore Central Booking and Intake Center  
Warden Jeff Nines, Warden, North Branch Correctional Institution  
Assistant Warden Keith Arnold, North Branch Correctional Institution  
Sergeant Jennifer Harding, North Branch Correctional Institution  
Deputy Director Michael Jamison, Wicomico County Department of Corrections  
Deputy Director Thomas Kimball, Jr., Wicomico County Department of Corrections  
MCO Joshua Foster, Wicomico County Department of Corrections  
Director Jama Acuff, Howard County Department of Corrections  
Deputy Director Margaret Chippendale, Howard County Department of Corrections  
Ms. Renea Somerville, Howard County Department of Corrections  
Superintendent Christopher Klein, Anne Arundel County Department of Detention Facilities-  
Ordnance Road Correctional Center  
Correctional Facility Administrator Thomas Laue, Anne Arundel County Department of Detention  
Facilities-Ordnance Road Correctional Center  
Corporal Brett Sommerville, Anne Arundel County Department of Detention Facilities-Ordnance  
Road Correctional Center  
Compliance Coordinator Destiny Foye, Anne Arundel County Department of Detention Facilities-  
Ordnance Road Correctional Center  
Correctional Facility Administrator Michael Borgese, Anne Arundel County Department of  
Detention Facilities-Jennifer Road Detention Center  
Captain Jasper Ingle, Anne Arundel County Department of Detention Facilities-Jennifer Road  
Detention Center  
Officer Rachel Frankenfield, Anne Arundel County Department of Detention Facilities-Jennifer  
Road Detention Center  
Warden Gregory Werner, Maryland Correctional Institution-Hagerstown  
Assistant Warden Laura Golliday, Maryland Correctional Institution-Hagerstown  
Lieutenant Joshua Shaw, Maryland Correctional Institution-Hagerstown

The Maryland Commission on Correctional Standards held the 278<sup>th</sup> Commission Meeting (Virtual Meeting) via Google Meet. The agenda was as follows:

1. Welcome/Introduction/Remarks
2. Approval of Minutes, September 29, 2022
3. Chair's Comments
4. Executive Director's Comments

## 5. Consideration of Final Audit Reports

- Jessup Correctional Institution
- Maryland Reception, Diagnostic and Classification Center
- Patuxent Institution
- Western Correctional Institution
- Baltimore Central Booking and Intake Center

## 6. Continuing Business-Monitoring Reports

- North Branch Correctional Institution
- Wicomico County Department of Corrections
- Howard County Department of Corrections

## 7. New Business - Appeal Hearing

- Anne Arundel County Department of Detention Facilities-Ordnance Road Correctional Center
- Anne Arundel County Department of Detention Facilities-Jennifer Road Detention Center
- Maryland Correctional Institution-Hagerstown

## 8. Announcements

## 9. Adjournment

**1. WELCOME/INTRODUCTION/REMARKS**

Chairperson T.D. Reece officially called to order the 278<sup>th</sup> Commission (Virtual) Meeting at 10:00 AM. Chairperson Reece welcomed everyone to the 278<sup>th</sup> Commission (Virtual) Meeting. Chairperson Reece stated that the meeting would be recorded and minutes would be taken concerning the meeting. Chairperson Reece reminded members and guests to mute their telephones and other devices in order to reduce background noise and interruptions during the meeting. Chairperson Reece explained the virtual meeting guidelines regarding how the meeting would be conducted today. Chairperson Reece advised facility attendees that once their respective audit report is presented, they could feel free to exit the meeting; however, they are welcome to stay for the duration of the meeting. Chairperson Reece advised the Commission members regarding the voting process for the reports. He stated that he would call for a first and a second by the Commission members regarding the audit reports. Chairperson Reece stated that the Commission member must state his/her name for the motion and prior to the second to seal the vote for the approval of the report. Chairperson Reece advised the Commission Members that he would only address “nay” responses regarding the voting process. Chairperson Reece stated that the members silence would denote their support and approval of the report. Chairperson Reece requested that each guest state their name prior to speaking for the purpose of knowing who is speaking/responding to a question. Chairperson Reece stated that each facility’s audit report would be presented in accordance with the agenda and read by a MCCA staff member. Chairperson Reece stated that the facility representative(s) would have an opportunity to make comments regarding the audit experience. Chairperson Reece stated that the Commission members would have an opportunity to ask questions regarding the audit report and the facility representative(s) will respond to any questions asked by the Commission members. Chairperson Reece stated that the Recognition of Achievement awards approved at the meeting would be forwarded to the managing official in the near future. Chairperson Reece deferred to Executive Director Veronica Moore to conduct a Roll Call (attendance) of the Commission members for the purpose of a quorum for the virtual meeting. The Roll Call of the Commission Members was followed by a Roll Call regarding the attendance of the facility representatives and MCCA staff who were present at the virtual meeting.

## **2. APPROVAL OF MINUTES – SEPTEMBER 29, 2022**

Chairperson T.D. Reece entertained a virtual motion/vote on the approval of the Minutes regarding the September 29, 2022 meeting. Citizen Member Delores Alexander made a motion to approve the Minutes of the September 29, 2022 virtual meeting and Vice Chairperson Terry Kokolis seconded. The unanimous response of silence denoted the approval of the Minutes of the September 29, 2022 Commission (Virtual) meeting.

## **3. CHAIR'S COMMENTS**

Chairperson Reece expressed his appreciation for the remote meetings. Chairperson Reece commented that the remote meetings work just fine.

## **4. EXECUTIVE DIRECTOR'S COMMENTS**

Executive Director Veronica Moore introduced Mrs. Felecia Ray (Auditor) as the newest member of the MCCA Team. Executive Director Moore stated that everyone will have an opportunity to meet Mrs. Ray as the team visits correctional facilities to conduct audits. The Commission members welcomed Mrs. Ray to the team.

## **5. CONSIDERATION OF AUDIT REPORTS**

### **• JESSUP CORRECTIONAL INSTITUTION**

Correctional Program Specialist Brian Raivel reported that an onsite audit at the Jessup Correctional Institution was conducted on February 28–March 2, 2022 by Commission staff and four Duly Authorized Inspectors. The Jessup Correctional Institution (JCI) is located in Jessup, Maryland and provides intake and housing for both medium and minimum security inmates sentenced to the Division of Correction. The facility comes under the authority of Acting Commissioner Annie Harvey and was managed daily by Assistant Commissioner Cleveland Friday, at the time of the audit. The facility is currently managed by Warden Robert Dean Jr. After a thorough review of the required documentation, the Jessup Correctional Institution was found to be in compliance with the majority of the standards for an Adult Correctional Institution. The identified deficiencies were: An annual inspection by the Fire Marshall for 2019 was not completed and the inspection on September 1, 2021 listed the fire alarm system for Jessup Correctional Institution was not working, which does not meet compliance with State COMAR 12.13.01 and local fire safety codes, as required by policy and the standard. A physical inventory of the dental instruments revealed that there were 10 disposable mirrors (227 Recorded/ 217 Inventoried) unaccounted for in the JCI Dispensary's Dental Unit. A physical inventory of medical instruments, needles and syringes (bulk and active) and the emergency bag (including needles/syringes) in the Intake Unit revealed that an accurate master listing was not available for the medical instruments, the needles and syringes nor the emergency bag and as a result there were discrepancies in the accounting of each of the items cited, during the on-site audit. The pre-employment medical screenings, for 2020, were not provided for three dietary employees and the annual medical screenings were not conducted for eight inmate dietary workers for 2020, during the audit period, as required by policy and the standard. Weekly

dietary sanitation inspections were not conducted for 15 weeks in 2019 and 27 weeks in 2020, as required by policy and the standard. Quarterly inspections/inventories of TCF's were not available for the following: Metal Shop – 2019, there were no records for 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> Qs; 2021, there was no record for 4<sup>th</sup> Q; Sewing Shop – 2019, there was no record for 3<sup>rd</sup> Q; 2020, there were no records for 2<sup>nd</sup>, 3<sup>rd</sup> Qs; 2021, there were no records for 2<sup>nd</sup>, 4<sup>th</sup> Qs; Maintenance – 2019, there was no record for 4<sup>th</sup> Q; 2020, there were no signatures on records provided; Furniture – 2020, there was no record for 2<sup>nd</sup> Q; 2021, there was no record for 2<sup>nd</sup> Q; Garage – 2021, there was no record for 4<sup>th</sup> Q; and Plumbing – 2020, there were no records for 2<sup>nd</sup>, 3<sup>rd</sup> Qs; 2021, there were no records 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> Qs, as required by policy and the standard. The Remote Audit Process was used for this audit and the facility provided compliance documentation and the pre-audit packet for remote review by the auditors. The facility utilized the MCCS U drive and the JCI restrictive folder developed to facilitate the remote audit process. The remote auditing process was challenged by minimal documentation being available in the JCI restrictive folder which resulted in documents being uploaded during and after the on-site portion of the audit, as well as, an extension of the audit. Additionally, the majority of the remote inventories and reviews were not conducted prior to the on-site. During the on-site audit, staff were available to assist and address questions for the auditors. Primary and secondary documentation was located in the audit coordinator's office, the administration conference room and in specific areas where the function occurred. The facility would benefit from technology to continue the objectives of the Remote Audit Process, in order to conduct remote inventories and to provide, remotely, the majority of documentation for the standards. The facility tour was conducted by six groups of auditors who were escorted throughout the facility. The auditors noted several sanitation, safety and maintenance issues, during the tour. Due to the age and maintenance challenges, the auditors noted areas with lights and ceiling tiles that needed to be replaced, and sanitation and painting issues throughout the facility. A corrective action plan to address the areas cited from the tour was requested, prior to the conclusion of the audit. Work orders, a GTL phone repair request and a sanitation corrective action plan were provided for issues requiring additional time. In the Main Entrance, Administrative and Multipurpose Buildings, there were minimal sanitation issues cited by the auditors. In the Gym there were seven (7) lights not operating and in the Hospital there were two urinals that were not operable. The following issues were cited in the MCE shops: the tool cage breaker box lock is missing, there is a hole in the ceiling in the supervisor's office in the Sew Plant and a hole in the wall in the ice room in the Laundry Plant. The additional cited sanitation and maintenance issues determined in each housing unit, are provided below. In A building, the following maintenance issues were noted: the ceiling needs repair, the light casings were rusted, the floor is missing tile and the vents needed cleaning in the control center, the top is missing on the toilet door, three (3) phones were not working in the lower dayroom on C tier; there was a missing fire extinguisher and one (1) telephone was not working on the upper level dayroom on C tier; there is a leak in the medical office #12; and the ceiling is in need of repair in office #27. An overall assessment noted regarding A building was that there were cells with doors covered, there were dim and covered lights, as well as, lights out, peeling paint in showers and graffiti in the cells. On the date of the tour, A and B Tiers were on quarantine. In B building, the following maintenance issues were noted: the floor is in need of repair in the Control Center; there is a leak in the back area of the Medical Office; the button is stuck on the sink, the toilet leaks, and the heat cover needs to be secured in Cell 205 on B Tier; the window is cracked in the door in Cells 206, 606 and 613 on B Tier; a large mural of graffiti is in Cell 210

on B Tier; the water does not drain in Cell 409 on D Tier; there was no hot water in Cell 419 on D Tier; the toilet button leaks water in Cell 423 on D Tier; the washer needs repair and panel needs to be secured on lower level on D Tier; phones, including two (2) rolling phones, need repair and the sink does not work on lower dayroom on D Block; there is low water pressure in Cell 814, the toilet runs in Cell 804, the toilet does not properly flush on upper level D Tier. An overall assessment was noted of B building was that there were cell door window which had been cracked, there were cells with doors, lights and windows covered, there was peeling paint, there was graffiti in the cells, and there was no hot water on the upper level of D Tier. On the date of the tour, A and C Tiers were on quarantine. In C building, the following maintenance issues were noted: the dayroom window is cracked on A Tier; the TV button is broken in the dayroom on A Tier; the lower level shower is rusted, mold and peeling paint on A Tier; and the telephones #1, #6 and #2 are in need of repair on A Tier. An overall assessment was noted of C building was that there is no hot water and low water pressure throughout the building. **In D building**, the following maintenance issues were noted: a window pain is cracked, the bathroom has peeling paint and the ceiling has a leak and there is a broken panel door under the desk in the Control Center; there is a cracked window in the door of the main entrance, there is a crack in the window, the bathroom needs painting and the sink cold water button sticks on the lower level dayroom on A Tier; the phone #7 does not working in the upper level dayroom on A Tier; there is not hot water in Cell 105, the sink does not work and there is low water pressure in Cell 106, there is a cracked window in the door in Cell 107, the door sticks in Cell 125 on A Tier; the water was leaking form ceiling and stairwells are rusted and need painting in the dayroom on B Tier; the toilet is not working and the sink is clogged on the upper dayroom on B Tier; the telephones #2 and #5 are not working in the dayroom on B Tier; there is a shattered window in the door in the dayroom on C Tier; the telephones #1 and #5 disconnect calls in the dayroom on C Tier; Cell 821 has no water on D Tier; and the windows do not close in Cells 704 and 705 on C Tier. An overall assessment was noted of D building was that there were lines, graffiti on the walls, rusted bedframes and shelves, and peeling paint in the cells; general sanitation was needed; there were lights that needed to be replaced, and there was a lack of hot water. In E building, the following maintenance issues were noted: the telephones #3 and #5 are not operable on A Tier; the lower level shower leaks water and has mold and the middle shower head does not work on A Tier; telephones #189, #192, #196, #193 and #195 were not operating on A Tier; a fan was broken on A Tier; there was a broken window and the toilet is not operating (#627) in the dayroom on B Tier; and the telephones #1 and #4 do not work in the dayroom on C Tier. An overall assessment was noted of E building was that there was peeling paint, mold was in the showers, there were numerous telephones that were out of order and general sanitation was needed in the building. In F building, the following items were noted: there is a broken window in the Control Center; the lower level middle shower is leaking water on B Tier; the dayroom windows in the doors are cracked, telephones #1 and #5 do not work, and paint is peeling on B Tier; the table in the dayroom is broken on B Tier; the window is cracked in the door and the telephones #1 and #2 are not operating in the dayroom on B Tier; and the dayroom windows on the doors are cracked and telephones #1 and #2 are not operating on C Tier. An overall assessment was noted of F building was that there was peeling paint, mold was in the showers and general sanitation was needed in the building. Maintenance and sanitation issues must be consistently monitored with supervision, oversight, and follow-up in order to ensure the areas are properly addressed and inmates and staff are in a safe and sanitary environment. The

Department of Public Safety and Correctional Services (DPSCS) Managing for Results (MFR) initiative includes specific core objectives that address compliance with the minimum standards for places of adult confinement. The results of these objectives are outlined below:

- **Percent of applicable inmate security standards met** **100%**
- **Percent of applicable inmate well-being standards met**
  - **Medical, Dental and Mental Health** **93%**
  - **Food Service** **80%**
  - **Housing and Sanitation** **88%**

The compliance results are incorporated as a part of this audit report for the Department of Public Safety and Correctional Services 2022 fiscal year reporting requirements for MFR. The Maryland Commission on Correctional Standards will conduct a **monitoring review** of the documentation required to be submitted to MCCA, no later than **Friday, June 9, 2023**, to assess compliance with the standards found in noncompliance at the audit. Necessary inventories may be conducted remotely and a date and time will be arranged by MCCA and the JCI audit staff. Upon completion of the assessment of the noncompliant standards, the Jessup Correctional Institution may be recommended for the Recognition of Achievement Award. In conclusion, the Jessup Correctional Institution continues to be managed by dedicated staff. The administration and staff take pride in their work and all operational elements. The standards remain an integral tool for managing the daily operations of the facility. The Department of Public Safety and Correctional Services is encouraged to continue to provide the support and resources necessary to support the Jessup Correctional Institution to achieve and maintain compliance with the standards.

Chairperson T.D. Reece welcomed comments from the representatives of the Jessup Correctional Institution. Warden Robert Dean addressed the non-compliance regarding standard .02 A Fire Safety Inspections that was cited because an annual fire inspection was not conducted by the Fire Marshal in 2019 and the inspection in 2021 listed that the fire alarm system was not working. Warden Dean reported that the Jessup Correctional Institution has received a subsequent audit conducted by the Fire Marshal. Warden Dean reported that as of November 4, 2022, the fire alarm system at the Jessup Correctional Institution is fully operational. Warden Dean addressed the additional four (4) non-compliances regarding standard .02 K (4, 6, 7) Control of Medical and Dental Instruments, standard .03 E Dietary Medical Screening, .03 I Weekly Dietary Sanitation Inspections, standard .04 A (2) Toxic, Caustic and Flammable Materials. Warden Dean reported that quality control measures have been put in place to ensure total compliance with the deficient standards at the time of the monitoring visit. Warden Dean reported that the current administration that is in place at the Jessup Correctional Institution came onboard March 14, 2022, which was approximately twelve days after the MCCA audit.

Chairperson T.D. Reece invited questions/comments from the Commission members. Assistant Attorney General Beverly Hughes requested more specific details regarding the corrective action that was put in place regarding each deficiency. Warden Dean responded that the audit department at the Jessup Correctional Institution has been working with the Dietary Department. Warden Dean stated that the dietary medical screenings were forwarded to the audit department to ensure compliance with standard .03 E Dietary Medical Screening, specifically the annual medical screenings. Warden Dean stated that quality control measures

have been put in place concerning the medical and dental departments regarding standard .02 K Control of Medical and Dental Instruments. Warden Dean added that pop-up audits are performed to conduct inventories and also reviews of the daily inventories of the items being issued. Warden Dean reported that the quarterly inventories are being looked at and a measure has been put in place with the Environmental Compliance Safety Officer (ECSO). Warden Dean stated that in the past, the individual departments were responsible for the quarterly inventories for the specific areas. Warden Dean stated that a new process is in place and the ECSO is now responsible for the quarterly inventories to compile monthly reports of the specific areas. Warden Dean stated that the ECSO will forward the monthly reports to the chief of security and subsequently to the warden's office for review. Chairperson Reece asked a question regarding the disposable mirrors located in the dental department. Chairperson Reece asked if the disposable mirrors are metal rods with a round mirror at the end of the metal rod. Warden Dean responded that the description of the disposable mirrors by Chairperson Reece was correct. Chairperson Reece inquired about the noncompliance regarding ten missing disposable mirrors. Warden Dean explained that the disposable mirrors were not missing however, the disposable mirrors were not accounted for on the inventory. Vice Chairperson Terry Kokolis raised a question relative to the fire safety inspection. Vice Chairperson Kokolis stated that it was noted as part of the deficiency that the fire alarm system was out of service and not working for a long period of time. Chairperson Kokolis commented that Warden Dean reported that the fire alarm system was fully operational effective November 4, 2022. Vice Chairperson Kokolis commented that the Commission has dealt with many appeals based on fire prevention systems, sprinkler systems and alarm systems. Vice Chairperson Kokolis asked if the deficiency is a long term issue that requires capital project or if the issue is as simple as something just being off. Warden Dean responded that it does not require capital project. Warden Dean explained that the system was off and there were some procurement shortfalls in reference to it as well. Vice Chairperson Kokolis stated that the matter is purely and simply a life safety issue and the liability is tremendous to have the system off for any reason whether it is capital or maintenance. Vice Chairperson Kokolis expressed that he is glad that the fire alarm system is now working.

Chairperson T.D. Reece entertained a virtual motion and vote to approve the audit report with the established monitoring date as written. Vice Chairperson Terry Kokolis made a motion to approve the audit report with the established monitoring date and Citizen member Delores Alexander seconded. The unanimous response of silence denoted the approval of the audit report and the monitoring date.

- **MARYLAND RECEPTION, DIAGNOSTIC AND CLASSIFICATION CENTER**

Executive Director Veronica Moore reported that an onsite audit at the Maryland Reception, Diagnostic and Classification Center was conducted on April 4-6, 2022 by Commission staff and three Duly Authorized Inspectors. The Maryland Reception, Diagnostic, and Classification Center is located in Baltimore, Maryland, and is classified as a state detention facility that houses male and female pretrial detainees and sentenced inmates. The facility is under the administrative authority of Dionne Randolph, Acting Commissioner of Pretrial Detention and Services, and was managed daily by Warden Nurudeen Matti, at the time of the audit. The facility was managed daily by Warden Leonard Johnson and is now managed by

Acting Warden Tyrell Wilson. After a thorough review of the required audit documentation, The Maryland Reception, Diagnostic, and Classification Center was found to be in substantial compliance with the standards for an Adult Detention Center. The identified deficiencies were: Records were not available for the issue and return of security equipment for 2019 and 2020 of the audit period, as required by the standard. Records of drug and alcohol testing were not available for the majority of the audit period of March 2018 - February 2021, as required by the standard. Records were not available for the officers' review of post orders for March 2018 - February 2021 of the audit period, as required by the standard. Records of semi-annual facility searches of inmates' living and activity areas were not available for the audit period, as required by the standard. Records of visitor searches were not available for the audit period, as required by the standard. Records were not available for the quarterly inspections of keys for the audit period of March 2018 - February 2021, daily inventories of keys for the audit period of March 2018 - December 2020, and issue and return of keys for the audit period of March 2018 - December 2018, as required by the standards. Records were not available for the quarterly inspections and daily inventories for maintenance tools, nor medical instruments, and issue and return of maintenance tools for the audit period of March 2018 - February 2021, as required by the standards. Motor Vehicle Administration record checks were not available for the audit period of March 2018 - February 2021 for approved staff drivers who transport inmates, as required by the standard. A State Fire Marshal inspection was not conducted in 2019 of the audit period, as required by the standards. Records of quarterly fire drills were not available for the year 2020 of the audit period, as required by the standard. Staff annual reviews of facility's disaster plans were not available for the audit period of March 2018 - February 2021, as required by the standard. Records of monthly first aid kits inventories and inspections were not available for the for the audit period of January 2020 - January 2021, as required by the standard. Records of the disposal of unused and expired medications were not available for the audit period of March 2018 - February 2021 for pharmacy medication returns and for the audit period of January 2019 - February 2021 for controlled dangerous substances destruction records, as required by the standard. Records of the quarterly inspections and weekly inventories of the emergency bag and emergency box in the medical department were not available for the audit period of March 2018 - February 2021, as required by the standard. Records of the quarterly inspections and weekly inventories of instruments were not available for dental from March 2018 - August 2020 and medical from March 2018 - January 2020, as required by the standards. Records of the needles/syringe usage were not available for dental (27g long) from March 2018 - April 2019 and for medical (active) and the lab from March 2018 - January 2021, as required by the standard. Records of weekly inventories of needles and syringes were not available for dental (27g long) from March 2018 - April 2019 and for medical (active) from March 2018 - January 2021, as required by the standard. Records of the Continuity of Care were not available for the audit period of January 2020 - October 2020, as required by the standard. Dietary medical screenings were not available for one dietary staff worker in 2020, as required by the standard. Records of weekly dietary sanitation inspections were not available for the month of September of 2018; August, October and December of 2019; and June, July, and August of 2020, as required by the standard. Records of the daily inventories of kitchen utensils were not available for the year 2018 for the ODR and Assembly Area, as required by the standard. Records of the issue and return of kitchen utensils were not available for the audit period of March 2018 - December 2020 for the ODR and Assembly Area, as required by the standard. Records of the quarterly inspections and daily inventories of kitchen utensils were not available from January 2019 - February 2021, as required by the standard. Records for quarterly inspections and inventories of toxic, caustic and flammable materials were not available for 2019 - Sanitation - 1st Q; 2020 - Sanitation and Dietary - 1st, 2nd and 3rd Qs; and 2021 - Dietary - 1st Q, as required by the standard. Records of the issue and disposal of toxic, caustic and flammable materials were not available for the audit period of March 2018 - February 2021, as required by

the standard. Records of the weekly facility sanitation inspections for the audit period of 2020 were not available for 33 weeks, as required by the standard. Records of legal calls were not available for the audit period of 2018 and 2019, as required by the standard. Records were not available for the annual reviews of the official publications for the audit period of March 2018 - February 2021, as required by the standard. The Remote Audit Process was used for this audit and the facility provided compliance documentation and the pre-audit packet for remote review by the auditors. The facility utilized the MCCS U drive and the MRDCC restrictive folder developed to facilitate the remote audit process. The remote auditing process was challenged by minimal documentation being available in the MRDCC restrictive folder which resulted in documents being uploaded during and after the on-site portion of the audit, as well as, an extension of the audit. Additionally, remote inventories and reviews were not conducted prior to the on-site. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. Primary and secondary documentation was located in the audit coordinator's office, the administration conference room and in specific areas where the function occurred. The facility would benefit from technology to continue the objectives of the Remote Audit Process, in order to conduct remote inventories and to provide the majority of documentation for the standards. During the tour, five groups of auditors were escorted to the all areas of the facility to assess inmate health and safety concerns. The auditors noted several sanitation, safety and maintenance issues, during the tour. Due to the age and maintenance challenges, the auditors noted areas with lights and ceiling tiles that needed to be replaced, and sanitation and painting issues throughout the facility. A corrective action plan to address the areas cited from the tour was requested, prior to the conclusion of the audit. Management provided a contractor justification memorandum to address areas with water damage from the facility's flooding incidents and the need for restoration, painting and replacement of lights, tiles for ceilings and floors. The estimated cost is over \$72,000. There were some maintenance issues that may require additional time to repair; such as, in room 2306, there are exposed wires and no light switch; on the 3<sup>rd</sup> Floor Medical's staff bathroom #2, the left water knob does not work; in Unit #B (Cell 3205), there is no hot water; in 5C Segregation (Cell 5119), there is no water; in 7B Unit (Cell 7205), the toilet is not working and (Cell 7210) the water pressure is low; in 7C Unit, the kitchenette sink is not working, (Cell 7125) the security door is not operational, (Cell 7101) the toilet is not working, (Cell 7105) the door knob is missing, (Cell 7117) the toilet won't flush, (Cell 7125) the door will not open, (Cell 7132) the door knob does not work and does not lock; in 6C Unit, (Cell 6120) the door is broken; in 6B Unit (Cell 6205 and 6230) the door knobs are broken, the showers (32 and 16) were out of order and the telephone (#4) is not working properly. The Maryland Reception, Diagnostic, and Classification Center's management is challenged with a number of maintenance issues with the facility. However, the staff and inmates make efforts to maintain a clean facility, within the inmate housing and common areas. The Department of Public Safety and Correctional Services (DPSCS) Managing for Results (MFR) initiatives includes specific core objectives that address compliance with the minimum standards for places of adult confinement. Outlined below are the results for these objectives:

- **Percent of applicable inmate safety standards met** 58%
- **Percent of applicable inmate well-being standards met**
  - \*Medical, Dental and Mental Health 71%
  - \*Food Service 80%
  - \*Housing and Sanitation 77%

The compliance results are incorporated as part of this report for the DPSCS MFR 2022 fiscal year reporting requirements. The Maryland Commission on Correctional Standards will conduct a monitoring review of the documentation required to be submitted to MCCS, no later than Wednesday, June 7, 2023, to assess compliance with the standards found in noncompliance at the audit. Necessary inventories may be conducted remotely and a date and time will be arranged by MCCS and the MRDCC audit staff. Upon completion of the assessment of the noncompliant standards, the Maryland Reception, Diagnostic, and Classification Center may be recommended for the Recognition of Achievement Award. In conclusion, the Maryland Reception, Diagnostic, and Classification's management and staff must utilize the standards as a tool to maintain the facility and to ensure compliance. The dedicated staff must ensure that the facility's operational processes meet the standards for an Adult Detention Center. The Department of Public Safety and Correctional Services is encouraged to continue to provide the support and resources necessary to the Maryland Reception, Diagnostic, and Classification Center to achieve and maintain compliance with the standards.

Chairperson T.D. Reece welcomed comments from the representatives of the Maryland Reception, Diagnostic and Classification Center. Acting Warden Tyrell Wilson addressed the issue regarding the lack of documentation. Acting Warden Wilson reported that prior to the arrival of the current administration there were several sewage floods that occurred within the facility. Acting Warden Wilson reported that the majority of the flooding occurred in the audit area at that time. Acting Warden Wilson stated that unfortunately the documents that were destroyed were not documented accurately and correctly. Acting Warden Wilson stated that since the time of the flooding they have started the process of collecting the documentation as needed in the appropriate time frames and making electronic copies prior to archiving and placing the documentation in boxes in the event the flooding happens again. Acting Warden Wilson reported that there are at least two capital projects underway within the facility to address the plumbing issues. Acting Warden Wilson commented that the plumbing issues at the facility have been constant and consistent. Acting Warden Wilson stated that the staff and inmate population have done a great job in minimizing the damage and improving the living conditions.

Chairperson T.D. Reece welcomed questions/comments from the Commission members. Vice Chairperson Kokolis asked Acting Warden Wilson if he was stating that most of the documents that were destroyed in the sewage flood were documents located in the standards audit area. Acting Warden Wilson responded that the current administration arrived at the facility in March 2021 about a month after the close of the audit period. He stated that some of the pictures that were provided to the administration and the insurance company eluded to some audit documentation that was located in the audit area. Acting Warden Wilson stated that no one documented exactly what documents were destroyed or the time frame that was covered by the destroyed documents. Vice Chairperson Kokolis commented that he has never seen an audit like this one. Vice Chairperson Kokolis stated that he could imagine that some of the deficiencies were document based and others were operational based. Vice Chairperson Kokolis asked if he is to believe that MRDCC was open for the entire period time (2018-present). Acting Warden Wilson responded that the facility was open. Chairperson Kokolis commented that the administration and staff have a lot of work to do. Acting Warden Wilson commented that the administration and staff are continually working.

Chairperson T.D. Reece entertained a virtual motion and vote to approve the audit report with the established monitoring date as written. Vice Chairperson Terry Kokolis made a motion to approve the audit report with the established monitoring date and Citizen member Delores Alexander seconded. The unanimous response of silence denoted the approval of the audit report and the monitoring date.

- **PATUXENT INSTITUTION**

Mrs. Felecia Ray reported that an on-site audit at the Patuxent Institution was conducted on April 18-20, 2022 by Commission staff and five Duly Authorized Inspectors. The Patuxent Institution is located in Jessup, Maryland and provides housing for maximum security inmates, male and female, sentenced to the Division of Correction. The facility comes under the authority of Director Erin B. Shaffer, Psy.D and was managed daily by Warden Laura Armstead, at the time of the audit. Patuxent Institution is currently managed by Acting Warden Orlando Johnson. After a thorough review of the required documentation, the Patuxent Institution was found to be in compliance with the majority of the standards for an Adult Correctional Institution. The identified deficiencies were: Records of the quarterly inspections of security equipment in the 4th Quarter of 2018 and the 1st through 3rd Quarter of 2019 were not available for the audit period, as required by the standard. Records of the quarterly inspections of keys for 2018 were not available for the audit period, as required by the standard. Records of the quarterly inspections of tools in 2017 and 2018 were not available for the audit period, as required by the standard. Records of the 2017 and 2018 Fire Marshal Inspections were not available for the audit period, as required by the standard. Dietary medical screenings were not conducted for dietary employees pre-employment nor annually and nor for dietary inmate workers, prior to assignment and annually, as required by the standard. A review of the inmate internal complaints, ARPS, revealed that the majority of complaints reviewed for the audit period, were not responded to or addressed within the required timeframe, as required by policy and the standard. The Remote Audit Process was initiated and ongoing for this audit since 2020 and the facility provided compliance documentation and the preaudit packet for remote review by the auditors. The facility utilized the MCCS U drive and the PATX restrictive folder which was developed to facilitate the remote audit process. The audit coordination team and the auditors were able to conduct remote inventories and activities, during this period, except in areas with no network connectivity. Based on the amount of remote activity, since 2020, there were very few remote inventories which remained during the on-site audit component. It is noted that, at the time of the scheduled inmate interviews, PATX did not house any female inmates. There was a high level of organization of documents within the PATX restrictive folder and those provided on-site. Primary and secondary documentation was located in the audit coordinator's office, the conference room and in specific areas where the function occurred. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. After the on-site portion of the audit, there was minimal documentation required to assess compliance with a specific standard. As time continues with the Remote Audit Process, the facility will benefit from technology to continue the objectives of the auditing processes. The facility tour was conducted by five groups of auditors and staff. The physical plant was observed to be in good condition on the days of the audit. However, there were maintenance issues that required attention. The majority of the maintenance and sanitation issues were addressed in a corrective

action plan; however, the majority of the cited areas required a work order and/or requisition. Due to the age and maintenance challenges, the auditors noted areas with lights and ceiling tiles that needed to be replaced, and sanitation and painting issues throughout the facility. There were some maintenance issues that may require additional time to repair and were not noted as completed, such as, water leaking from the toilet in the Search/Women's locker room; the sink's water pressure is low in the Maintenance Tool Room; there is a busted pipe and the hot water knob is not working in the PIW Bathroom; there is a broken sink in the PIW Sanitation Closet; the heat covers are missing in the PIW Annex Building and Recreation area; on PIW Tier 1, cell 1's lock on the door is missing, cell 5 has a broken sink, and cell 6 and 8 have missing lock hinges; there is mold in the sink and toilet of the PIW Tier #1 Dayroom Bathroom; a telephone was not working for PIW Tier #2; there was a toilet broken in the D/C Building Gym; the freezers need repair in the Kitchen; the shower continuously runs and the 3<sup>rd</sup> water nozzle does not work on Tier L3; and the urinal was out of order and the sink was leaking in the Administration Building's Men's bathroom. Based on the age, size and level of activity of the facility, there were some areas which demonstrated significant sanitation practices and the grounds were well groomed, exemplifying an earnest effort and commitment by staff and inmates. The Department of Public Safety and Correctional Services (DPSCS) Managing for Results (MFR) initiative includes specific core objectives that address compliance with the minimum standards for places of adult confinement. The results of these objectives are outlined below:

- |  |             |
|--|-------------|
| • <b>Percent of applicable inmate security standards met</b>   | <b>82%</b>  |
| • <b>Percent of applicable inmate well-being standards met</b> |             |
| ▪ Medical, Dental and Mental Health                            | <b>100%</b> |
| ▪ Food Service   | <b>90%</b>  |
| ▪ Housing and Sanitation                                       | <b>100%</b> |

The compliance results are incorporated as a part of this audit report for the Department of Public Safety and Correctional Services 2022 fiscal year reporting requirements for MFR. The Maryland Commission on Correctional Standards will conduct a monitoring review of the documentation required to be submitted to MCCS, no later than Thursday, June 8, 2023, to assess compliance with the six standards found in noncompliance, at the audit. Upon completion of the assessment of the noncompliant standards, the Patuxent Institution may be recommended for the Recognition of Achievement Award. In conclusion, the Patuxent Institution continues to be managed by dedicated staff. The administration and staff take pride in their work and all operational elements. The standards remain an integral tool for managing the daily operations of the facility. The Department of Public Safety and Correctional Services is encouraged to continue to provide the support and resources necessary to the Patuxent Institution to achieve and maintain compliance with the standards.

Chairperson Reece welcomed comments from the representatives of the Patuxent Institution. Acting Warden Orlando Johnson commented that he served as the assistant warden at the Patuxent Institution prior to his assignment as acting warden. Acting Warden Johnson addressed the non-compliances that were cited at the onsite audit at the Patuxent Institution. Acting Warden Johnson stated that he looked into the deficiencies and was informed that some of the documentation was destroyed for some reason. Acting Warden Johnson stated that directions were given for all of the keys and tool inspections that were inventoried on a monthly

basis to be destroyed. Acting Warden Johnson reported that since that time corrective action has been taken. Acting Warden Johnson offered the same explanation regarding the ARPS. Acting Warden Johnson reported that a process was developed to keep better track of the system regarding the ARPS in order to address the ARPS in a timely manner. Acting Warden Johnson deferred to Lieutenant Dontay Gaskins (ECSO) to address the deficiency regarding standard .02 A Fire Safety Inspections, specifically the Fire Marshal's inspection report. Lieutenant Gaskins reported that he was assigned as the ECSO at the Patuxent Institution in December 2019. Lieutenant Gaskins stated that the Fire Marshal inspections reports were not available for 2017 and 2018. Lieutenant Gaskins stated that since he has assumed responsibility as the ECSO he is keeping track of the matter. Lieutenant Gaskins stated that he is confident that the facility will be in compliance with standard .02 A Fire Safety Inspections at the time of the scheduled monitoring visit.

Chairperson T.D. Reece welcomed comments/questions from the Commission members. Vice Chairperson Kokolis made comments in relative to the 2017 and 2018 Fire Marshal's inspection reports, and suggested that the ECSO contact the Office of the Fire Marshal because they generally maintain copies of records which may go back to 2017. Vice Chairperson Kokolis stressed that fire inspections are essential elements of operating a facility in a life safety manner. Vice Chairperson Kokolis commented that regardless if the facility has the report, they need to validate that they had the report because in the absence of having the report, the facility holds all of the responsibility for any type of disaster that is fire related at the institution. Vice Chairperson Kokolis asked Acting Warden Johnson when was he assigned as the assistant warden of the Patuxent Institution. Acting Warden Johnson responded that he arrived at the Patuxent Institution as the assistant warden in July 2020. Vice Chairperson Kokolis suggested to Acting Warden Johnson to try and be able to successfully complete a monitoring visit. Vice Chairperson Kokolis stated to Acting Warden Johnson that he might need to reconstruct a lot of the deficient information starting with the Fire Marshal inspection and some of the other reports. Vice Chairperson Kokolis also suggested that it may be a good practice with the new ECSO to start to electronically save some of the audit information so that if the documents are destroyed by whatever manner they can be recreated by electronic format. Lieutenant Gaskins commented that the institution has started the process to save the documentation in an electronic format. Acting Warden Johnson stated that this is his second stint at the Patuxent Institution. He stated that the practices suggested by Vice Chairperson Kokolis were practices at the institution prior to him leaving. Acting Warden Johnson said that the administration/staff are getting back to how things were done prior to his departure.

Chairperson T.D. Reece entertained a virtual motion and vote to approve the audit report with the established monitoring date as written. Citizen member Delores Alexander made a motion to approve the audit report with the established monitoring date and Vice Chairperson Terry Kokolis seconded. The unanimous response of silence denoted the approval of the audit report and the monitoring date.

- **WESTERN CORRECTIONAL INSTITUTION**

Correctional Program Specialist Brian Raivel reported that an on-site audit at the Western Correctional Institution was conducted on April 19-21, 2022 by Commission staff and five Duly Authorized Inspectors. The Western Correctional Institution is located in Allegany County,

Maryland and houses pre-release, minimum, medium and maximum security inmates. The facility is managed by Warden Ronald Shane Weber, who reports to Commissioner Annie Harvey of the Division of Correction. After a thorough review of the required documentation, the Western Correctional Institution was found to be in substantial compliance with the majority of the standards for an Adult Correctional Institution. The identified deficiencies were: Records of the monthly inventories for first aid kits in the vehicles were not available for the months of May, June and July of 2018 and July – December of 2019, as required by the standard. Records of the weekly inventories and use and/or replenishment of items on the Medical Crash Cart were not available from April 1, 2018 through December 2020, as required by the standard. An annual dietary medical screening was not available for an inmate dietary worker for 2019 and in 2020 and an annual dietary medical screening was not available for a correctional dietary staff in 2018 and another correctional dietary staff in 2020, as required by the standard. The Remote Audit Process was used for this audit and the facility provided compliance documentation and the preaudit packet for remote review by the auditors. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. The facility will benefit from technology to continue the objectives of the Remote Audit Process, in order to conduct remote inventories and provide the majority of documentation for the standards. During the audit, primary and secondary documentation was located in the audit coordinator's office, the roll call room and other documentation was located in specific areas where the function occurred. Emergency plans and post orders were conducive to staff, inmate and public safety concerns. Manuals of standard operating procedures and inmate orientation materials were reviewed during the audit and found to be current, useful to staff and responsive to inmate needs. There were five tour groups of auditors who inspected all areas, as they were escorted throughout the facility. The physical plant continues to be in exceptional condition, as demonstrated during the facility tour. Many of the issues cited during the tour were corrected, prior to the conclusion of the audit. However, work orders were submitted regarding the following: Housing Unit 5 exit stairway from control center, the Kitchen and the Infirmary had several lights out. Overall, the staff and inmates maintain a sanitary and well maintained facility. The Department of Public Safety and Correctional Services (DPSCS) Managing for Results (MFR) initiatives includes specific core objectives that address compliance with the minimum standards for places of adult confinement. Outlined below are the results for these objectives:

- |   |      |
|---|------|
| • Percent of applicable inmate safety standards met     | 94%  |
| • Percent of applicable inmate well-being standards met |      |
| *Medical, Dental and Mental Health                      | 80%  |
| *Food Service   | 100% |
| *Housing and Sanitation                                 | 100% |

The compliance results are incorporated as part of this report for the DPSCS MFR 2022 fiscal year reporting requirements. The Maryland Commission on Correctional Standards will conduct a monitoring review and all documentation must be submitted no later than Tuesday, June 6, 2023, to assess compliance of the three standards found in non-compliance at the audit. Once compliance has been established, the Western Correctional Institution may be recommended to receive the Recognition of Achievement Award. In conclusion, the staff at the Western Correctional Institution demonstrated pride in their facility and dedication to the audit process. They have developed and executed successful management strategies that prove to be essential to the daily operations of the institution and contribute to inmate, staff and public safety.

Chairperson T.D. Reece welcomed comments from the representatives of the Western Correctional Institution. Warden Ronald Weber commented that after the audit and upon receipt of the audit report, the WCI administration and staff in specific areas discussed the deficiencies and enacted a plan to rectify the deficiencies. Warden Weber commented that the staff has worked diligently to correct all of the deficiencies. Warden Weber assured the Commission members that the facility is now in compliance concerning the deficient areas. Warden Weber stated that the facility will be in total compliance with the standards at the time of the scheduled monitoring visit.

Chairperson T.D. Reece entertained a virtual motion and vote to approve the audit report with the established monitoring date as written. Vice Chairperson Terry Kokolis made a motion to approve the audit report with the established monitoring date and Citizen member Delores Alexander seconded. The unanimous response of silence denoted the approval of the audit report and the monitoring date.

- **BALTIMORE CENTRAL BOOKING AND INTAKE CENTER**

Mrs. Felecia Ray reported that an on-site audit at the Baltimore Central Booking and Intake Center was conducted on May 10-12, 2022 by Commission staff and four Duly Authorized Inspectors. The Baltimore Central Booking and Intake Center is located in Baltimore, Maryland, and is classified as a state detention facility that houses male and female pretrial detainees and sentenced inmates. The facility is under the administrative authority of Dionne Randolph, Acting Commissioner of Pretrial Detention and Services, and is managed daily by Warden Frederick Abello. After a thorough review of the required audit documentation, The Baltimore Central Booking and Intake Center was found to be in substantial compliance with the standards for an Adult Detention Center. The identified deficiency was: A comprehensive health inspection was not conducted on the BCBIC Dietary Department by the Maryland Department of Health in 2019, as required by the standard. As a part of the Remote Audit Process, the facility provided compliance documentation and the pre-audit packet for remote review by the auditors. The facility utilized the MCCS U drive and the BCBIC restrictive folder, developed to facilitate the remote audit process. The audit staff demonstrated an understanding of the remote auditing process by assisting with remote inventories and activities, communicating regarding the organization of the documentation provided remotely, uploaded needed documentation to the BCBIC restrictive folder and preparing for the onsite audit activities. There was minimal documentation needed to be provided after the on-site audit. During the on-site portion of the audit process, the administration and staff were available to assist and address questions for the auditors. Primary and secondary documentation was located in the administration conference room and in specific areas where the function occurred. The facility utilized available technology, communication, and a high level of organization to support the objectives of the Remote Audit Process. As a part of the Remote Audit Process, the facility provided compliance documentation and the pre-audit packet for remote review by the auditors. The facility utilized the MCCS U drive and the BCBIC restrictive folder, developed to facilitate the remote audit process. The audit staff demonstrated an understanding of the remote auditing process by assisting with remote inventories and activities, communicating regarding the organization of the documentation provided remotely, uploaded needed documentation to the BCBIC restrictive folder and preparing for the onsite audit activities. There was minimal

documentation needed to be provided after the on-site audit. During the on-site portion of the audit process, the administration and staff were available to assist and address questions for the auditors. Primary and secondary documentation was located in the administration conference room and in specific areas where the function occurred. The facility utilized available technology, communication, and a high level of organization to support the objectives of the Remote Audit Process. During the tour, five groups of auditors were escorted to all areas of the facility to assess inmate health and safety concerns. The auditors cited a number of sanitation and maintenance concerns from the tour, such as, in the ABP Platform area, the floor tile needs to be replaced, there were lights improperly working in cells, peeling paint, vents that need cleaning and missing cabinet doors; in the Security Medical Area, the ceiling has a leak; in the Dental/Medical Admin office there was a light out; in the 2<sup>nd</sup> Floor Mental Health Unit, the fire extinguisher's required inspection; on the Booking Floor in the inmate bathroom there was a metal panel which needed to be secured, a hole in the wall, there were sink water buttons which did not work, there were areas that needed painting, the light fixtures need to be addressed and there was no hot or cold water in areas; in the Intake area, there were locks on doors which need to be repaired; in the Release area, the ceiling tile needs to be replaced; in the Court Commissioners office through to Intake, there were lights which needed to be replaced; in the Center, North and South Tower Dorm areas it was reported that a dryer needed to be replaced, a toilet was leaking (4C-38), there were dayroom lights that needed to be replaced and showers that were out of order; and in the Transportation, Medical Transport and Armory areas, auditors noted the need to paint, clean and organize. The facility did provide a corrective action plan to address all reported areas of concern from the tour; however, a majority of the areas were still in progress at the time of the close of the audit. There are some notable painting projects and sanitation efforts noted by the auditors of the Booking area. The administrators at the Baltimore Central Booking and Intake Center demonstrated that staff and inmates strive for a clean and sanitary facility. The Department of Public Safety and Correctional Services (DPSCS) Managing for Results (MFR) initiatives includes specific core objectives that address compliance with the minimum standards for places of adult confinement. Outlined below are the results for these objectives:

- **Percent of applicable inmate safety standards met** **100%**
- **Percent of applicable inmate well-being standards met**
  - \*Medical, Dental and Mental Health 100%
  - \*Food Service 90%
  - \*Housing and Sanitation 100%

The compliance results are incorporated as part of this report for the DPSCS MFR 2022 fiscal year reporting requirements. The Maryland Commission on Correctional Standards will conduct a monitoring review of the required documentation to be submitted to MCCS, no later than **Wednesday, June 7, 2023**, to assess compliance with the standard found in noncompliance at the audit. Upon completion of the assessment of the noncompliant standard, the Baltimore Central Booking and Intake Center may be recommended for the Recognition of Achievement Award. In conclusion, the Baltimore Central Booking and Intake Center continues to follow the standards for an Adult Detention Center which houses state detainees. Management and staff must continue to utilize the standards as a tool to maintain the facility and to ensure compliance. The Baltimore Central Booking and Intake Center staff are dedicated to ensure operational

processes meet the standards. The Department of Public Safety and Correctional Services is encouraged to continue to provide the support and resources necessary to support the Baltimore Central Booking and Intake Center.

Chairperson T.D. Reece welcomed comments from the representatives of the Baltimore Central Booking and Intake Center. Assistant Warden Paige Jones commented that he was representing BCBIC on behalf of Warden Frederick Abello. Assistant Warden Jones commented that the administration acknowledges and accepts the findings regarding standard .03 C Health Inspection to be true and accurate however, it is with reason. Assistant Warden Paige Jones deferred to Major Tennille Johnson to provide an explanation regarding the deficiency concerning standard .03 C Health Inspection. Major Johnson provided the explanation for the deficiency regarding the 2019 Health Department inspection. Major Johnson stated that Ms. Nicole Hicks (Director of the Dietary Department) attempted several times to contact the Baltimore City Health Department to schedule the inspection of the facility. Major Johnson stated that due to staff changes and staff shortages the health department was unable to send a representative to conduct the inspection of the facility. Major Johnson reported that the facility did not have an inspection in 2020 due to COVID-19 which was for all facilities. Major Johnson reported that the inspections resumed in 2021 and the facility is now compliant regarding standard .03 C Health Inspection moving forward. Chairperson Reece commented that it was good to hear that the facility is in compliance concerning standard .03 C Health Inspection.

Chairperson T.D. Reece welcomed questions/comments from the Commission members. Vice Chairperson Kokolis raised a question regarding the 2018 and 2021 health inspections. Vice Chairperson Kokolis stated that in reality the facility had a health inspection in 2018 and 2021, but throughout 2019 and 2020 the facility did not have any full inspections or monitoring visits from the health department at all. Warden Johnson responded that the facility did have monitoring visits however, the facility did not have an annual inspection.

Chairperson T.D. Reece entertained a virtual motion and vote to approve the audit report with the established monitoring date as written. Vice Chairperson Terry Kokolis made a motion to approve the audit report with the established monitoring date and Citizen member Delores Alexander seconded. The unanimous response of silence denoted the approval of the audit report and the monitoring date.

## **6. CONTINUING BUSINESS**

### **MONITORING REPORTS**

- **NORTH BRANCH CORRECTIONAL INSTITUTION**

Officer Tareda Armwood-Faison reported on the monitoring review conducted on August 4, 2022, regarding the North Branch Correctional Institution's noncompliant standard. The purpose was to review the standard that was found in non-compliance during the initial audit in September 2021. This was the first monitoring review since the audit. The documentation, to substantiate compliance with the standard, was submitted, via email, by Audit Coordinator Sergeant Jenifer Harding. The results of the monitoring period from February 1, 2022 through

August 1, 2022, were as follows: Standard .01 L (3) Tool Control was found to be compliant. A review was conducted of the North Branch Correctional Institution Daily Tool Inventory records for the monitoring period. According to the Daily Tool Inventory records, the maintenance staff documents the inventory each tool, each day. Upon review of the Daily Tool Inventory forms, the standard was determined to be compliant. The inspection reports were reviewed from other regulatory agencies. The State Fire Marshal's Office conducted an inspection on June 2, 2022 and the facility was found to meet the minimum requirements of the Fire Prevention Code. The Department of Mental Health and Hygiene conducted an inspection of the Dietary Department, on March 23, 2022 with no violations noted. The menus were reviewed and approved by Scott Steininger, CDRM, RDLD (Lic #D01350). The MOSH Inspection was conducted on March 5, 2020, with six violations, which were abated on site on March 6, 2020. After a thorough review of the secondary documentation for the non-compliant standard, the facility was found to be in compliance with all of the standards for an Adult Correctional Institution. The North Branch Correctional Institution is recommended to receive the Recognition of Achievement Award.

Chairperson T.D. Reece welcomed comments from the representatives of the North Branch Correctional Institution. Warden Jeffrey Nines expressed appreciation to the audit team for visiting the facility and conducting a thorough audit. Warden Nines commented that the audit team walked them through every piece of the audit process. Warden Nines said that the audit process was a teaching moment for him, as a new warden. Warden Nines stated that he has been involved in audits before however, he was not in the warden's seat and it was quite enlightening.

Chairperson T.D. Reece entertained a virtual motion to accept the monitoring report concerning the North Branch Correctional Institution and grant the Recognition of Achievement award. Vice Chairperson Terry Kokolis made a motion to approve the monitoring report and grant the Recognition of Achievement award and Citizen Member Delores Alexander seconded. The unanimous response of silence denoted the approval of the monitoring report and the Recognition of Achievement award. The Commission members congratulated the administration and staff on the achievement of total compliance with the standards.

- **WICOMICO COUNTY DEPARTMENT OF CORRECTIONS**

Officer Tareda Armwood-Faison reported on the monitoring review conducted on August 9, 2022, regarding the Wicomico County Department of Corrections' noncompliant standard. The purpose was to review the standard that was found in non-compliance at the initial audit conducted in October 2021. This was the first monitoring review since the audit. The documentation to substantiate compliance with the standard was submitted, via email, by Sergeant Allen Parrish (Audit Coordinator). The results of the monitoring period from February 1, 2022 through August 1, 2022, and as follows: Standard .04 A (2, 4) Toxic, Caustic and Flammable Materials was found to be compliant. The Wicomico County Department of Corrections TCF Supply Inventory and Dispersal Forms were reviewed for the monitoring period. The documentation was provided for the sanitation office, property room, and the outside storage trailer. The TCFs are issued daily by the supervisors, who document the start date, ending quantity, location and the date the TCFs were dispersed on the form, as required by policy. The TCF Supply Inventory and Dispersal Records are maintained weekly and

demonstrate the facility's weekly accounting of the issuances, inspections and inventories of the TCFs. The review of the records verified that the facility is following the appropriate procedures for the issuance of TCFs, which exceeds the requirement of quarterly inspections and inventories, in accordance with the standard. The inspection reports were reviewed from other regulatory agencies. The State Fire Marshal's Office conducted a comprehensive inspection on September 19, 2021, with no cited violations. The Maryland Department of Health and Mental Hygiene conducted an inspection on October 12, 2022 and there were no violations. Dietary menus were reviewed and approved on April 20, 2022 by Dietician Julia Ann Dunnigan (Lic. #DX4883). A MOSH Inspection was conducted on July 19, 2022, with two violations noted by the inspector. The violations were corrected on July 20, 2022. After a thorough review of the secondary documentation for the non-compliant standard, the facility was found to be in total compliance with all the standards for an Adult Detention Center. The Wicomico County Department of Corrections is recommended to receive the Recognition of Achievement Award.

Chairperson Reece welcomed comments from the representatives of the Wicomico County Department of Corrections. Deputy Director Michael Jamison expressed appreciation to the audit team for visiting the facility and conducting a thorough audit, as always. Deputy Director Jamison commented that the facility looks forward to working with MCCS, in the future.

Chairperson Reece entertained a virtual motion to accept the monitoring report concerning the Wicomico County Department of Corrections and grant the Recognition of Achievement award. Citizen Member Delores Alexander made a motion to approve the monitoring report and grant the Recognition of Achievement award and Vice Chairperson Terry Kokolis seconded. The unanimous response of silence denoted the approval of the monitoring report and the Recognition of Achievement award. The Commission members congratulated the administration and staff on the achievement of total compliance with the standards.

- **HOWARD COUNTY DEPARTMENT OF CORRECTIONS**

Mrs. Felecia Ray reported on the monitoring review conducted on August 4, 2022, regarding the Wicomico County Department of Corrections' noncompliant standard. The purpose was to review the standard found in non-compliance at the initial audit conducted in November 2021. This was the first monitoring review since the audit. The documentation, to substantiate compliance with the standard was submitted, via email, by the Ms. Renea Somerville (Compliance Manager). The results for the monitoring period of February 1, 2022 through August 1, 2022, and as follows: Standard .02 S Notification of Next of Kin was found to be compliant. A review of the Notification of Next of Kin form demonstrated that the process of notice was modified according to policy HCDC Policy #B-110, Death of an Inmate, during the monitoring period. The Director, Deputy Director and/or the Security Chief will notify the Howard County Police Department and the County Executive regarding the death of an inmate. The Howard County Police Department will inform the inmate's next of kin. The documentation of the notification is placed in the inmate's base file and a copy of the condolence letter to the inmate's next of kin. In accordance with the standard, the managing official shall have a written policy and procedure governing the Notification of Next of Kin in cases of serious illness, serious injury, or death of an inmate. Based on the documentation and policy provided by the HCDC, the standard was found to be compliant. Standard .02 S Notification of Next of Kin was

found to compliant. A review of the Notification of Next of Kin form demonstrated that the process of notice was modified according to policy HCDC Policy #B-110, Death of an Inmate, during the monitoring period. The Director, Deputy Director and/or the Security Chief will notify the Howard County Police Department and the County Executive regarding the death of an inmate. The Howard County Police Department will inform the inmate's next of kin. The documentation of the notification is placed in the inmate's base file and a copy of the condolence letter to the inmate's next of kin. In accordance with the standard, the managing official shall have a written policy and procedure governing the Notification of Next of Kin in cases of serious illness, serious injury, or death of an inmate. Based on the documentation and policy provided by the HCDC, the standard was found to be compliant. After a thorough review of the secondary documentation for the non-compliant standard listed above, the facility was found to be in compliance with all of the minimum standards for an Adult Detention Center. The Howard County Department of Corrections is recommended to receive the Recognition of Achievement award.

Chairperson Reece welcomed comments from the representatives of the Howard County Department of Corrections. Director Jama Acuff thanked the audit team for a thorough audit and follow-up review.

Chairperson Green entertained a virtual motion to accept the monitoring report concerning the Howard County Department of Corrections and grant the Recognition of Achievement award. Citizen Member Delores Alexander made a motion to approve the monitoring report and grant the Recognition of Achievement award and Vice Chairperson Terry Kokolis seconded. The unanimous response of silence denoted the approval of the monitoring report and the Recognition of Achievement award. The Commission members congratulated the administration and staff on the achievement of total compliance with the standards.

## **7. NEW BUSINESS**

Chairperson Reece called to order the Appeal Hearing at 11:16 a.m. regarding the Anne Arundel County Department of Detention Facilities-Ordnance Road Correctional Center and the Anne Arundel County Department of Detention Facilities-Jennifer Road Detention Center.

- Appeal Hearing-Anne Arundel County Department of Detention Facilities-Ordnance Road Correctional Center and Anne Arundel County Detention Facilities-Jennifer Road Detention Center- Standard .03 C Health Inspection. The representatives present from the Anne Arundel Department of Detention Facilities-Ordnance Road Detention Center and Jennifer Road Detention Center were: Superintendent Christopher Klein, Assistant Correctional Facility Administrator Thomas Laue, Corporal Brett Sommerville, Ms. Destiny Foye (Compliance Coordinator), Correctional Facility Administrator Michael Borgese, Captain Jasper Ingle and Officer Rachel Frankenfield, respectively. The representative from the Maryland Commission on Correctional Standards was Executive Director Veronica Moore. The Commission Oath was presented to all parties regarding the testimonies to be presented at the hearing regarding Anne Arundel County Department of Detention Facilities-Ordnance Road Correctional Center and Anne

Arundel County Department of Detention Facilities-Jennifer Road Detention Center. **It was conveyed by Superintendent Christopher Klein that the testimonies would be intertwined regarding the facilities' appeal of standard .03 C Health Inspection.** The Commission on Correctional Standards Board members reviewed all documentation submitted, heard testimony and argument from each party, accepted evidence submitted by each party, and allowed direct and cross-examination of all witnesses. As the presiding officer of the Commission meeting and hearing, Chairperson T.D. Reece, stated the final decision of the Commission in the record based on the findings of fact and conclusions of law. Due to the length of the testimonies presented, the full transcript (testimonies, comments, questions and responses) of the hearing is maintained on a separate transcript. The Commission on Correctional Standards Board members deliberated and unanimously determined that the facility was noncompliant with the Standard .03 C Health Inspection and affirmed the auditor and Executive Director Veronica Moore's decision, as the audit team leader, and found the appeal without merit. The vote to uphold the findings of the non-compliance regarding standard .03 C Health Inspections was unanimous. Chairperson T.D. Reece explained that if a tickler system was implemented it may have caught the matter in time and the outcome may have been different. Chairperson T.D. Reece advised the administration of the Anne Arundel County Department of Detention Facilities-Ordnance Road Correctional Center and Jennifer Road Detention Center that the Commission appreciates their efforts to correct the issue moving forward.

Chairperson T.D. Reece entertained a virtual motion and vote to approve audit report with the established monitoring date as written. Assistant Attorney General Beverly Hughes made a motion to approve the audit report with the established monitoring date and Vice Chairperson Terry Kokolis seconded. The unanimous response of silence denoted the approval of the audit report and the monitoring date.

Chairperson T.D. Reece commenced the Appeal Hearing regarding the Maryland Correctional Institution at 12:25 p.m.

- Appeal Hearing-Maryland Correctional Institution-Hagerstown – Standard .02 A Fire Safety Inspections. The representatives from the Maryland Correctional Institution-Hagerstown were: Warden Gregory Werner, Assistant Warden Laura Golliday and Lieutenant Joshua Shaw. The representative from the Maryland Commission on Correctional Standards was Mr. Brian Raivel (Correctional Program Specialist). The Commission Oath was presented to all parties regarding the testimonies to be presented at the hearing regarding the Maryland Correctional Institution-Hagerstown. The Commission on Correctional Standards Board members reviewed all documentation submitted, heard testimony and argument from each party, accepted evidence submitted by each party, and allowed direct and cross-examination of all witnesses. As the presiding officer of the Commission meeting and hearing, Chairperson T.D. Reece, stated the decision of the Commission in the record based on the findings of fact and conclusions of law. Due to the length of the testimonies presented, the full transcript (testimonies, questions and responses) of the hearing is maintained on a separate transcript. The Commission Members unanimously voted and determined to table the

decision on the noncompliant Standard .02 A Fire Safety Inspections until the next scheduled Commission Meeting. The Maryland Correctional Institution – Hagerstown must provide information regarding funding for the fire system, regarding its replacement. The Maryland Correctional Institution-Hagerstown must provide clarification or specification concerning the request for a variance for Standard .02 A Fire Safety Inspections. Additional documentation concerning the funding for the fire system and the variance should be forwarded to MCCS to submit to the Commission at the next scheduled Commission Meeting. The Commission has not rendered a final decision regarding the Maryland Correctional Institution-Hagerstown appeal.

## **8. ANNOUNCEMENTS**

None

## **9. ADJOURNMENT**

Chairperson T.D. Reece entertained a motion to adjourn the 278<sup>th</sup> Commission (Virtual) Meeting. Vice Chairperson Terry Kokolis made a motion to adjourn the meeting and Assistant Attorney General Beverly Hughes seconded. The 278<sup>th</sup> Commission (Remote) Meeting concluded at 1:16 p.m.